**Reading Small Grant Fund 2023/24**

**Grant Application Form (Round 1)**

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| **Requested information to be completed by the Requesting Organisation** |
| Contact Name: |  |
| Contact Email: |  |
| Contact Telephone: |  |
| Organisation Name: |  |
| Organisation Address: |  |
| Organisation Charity Number: |  |
| **Bank Name:** |  |
| **Bank Address:** |  |
| **Account Name:** |  |
| **Sort Code:** |  |
| **Account Number:** |  |
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| **1 Project Title and Project Aim** |
| *[Please provide the project title and briefly summarise the aim of your project]* |

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| **2. Request Value (max £5k or £10k if in partnership)** |
| *[Set out the amount of grant for which you wish to apply. If application is in partnership please state who with and name the lead organisation]*£ |

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| **3. Please set out the purpose for the funding** |
| [*Please state what the funding will be used for, e.g. to provide more people to do xx, to set up a new service, etc]* |

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| **4. Please describe how it meets the grant criteria** |
| [*Please state how the application meets the grant criteria –demonstrate how you support the following key elements of the Tackling Inequality Strategy:* * *Enable everyone within the borough to share in Reading’s success*
* *Drive attainment in skills, education and training and access to quality employment*
* *Support people in the areas of the town where need is greatest*
* *Support the diverse personal life experiences of our residents and how these can contribute to their equal enjoyment of life and achievements within the borough*
* *Provide additionality by complementing existing strategies, work, and partnerships aimed at making Reading a more equal place to live*
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| **5. Please set out the proposed outcomes from the funding** |
| [*Please state the expected outcomes from the use of the funding, e.g. address x cases of y issue to prevent cases escalating to homelessness. If not covered above, please advise scope (number of people/ cases) you are seeking to support]* |

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| **6. Please set out the Delivery Plan for your project** |
| [*Please state how project will be delivered with Key timeline, necessary resources and state if there is any risk ]* |

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| **7. What makes the proposal unique?** |
| *[e.g. only group offering such services, building on existing relationships with a specific cohort, etc]* |

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| **8. Other Funding Sources** |
| *Please provide details of other funding sources you are receiving for this area of activity*

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| **Amount £** | **Purpose** | **Funder** | **Time frame** |
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